

ALL INFORMATION REQUESTED MUST BE COMPLETED IN FULL IN INK OR TYPEWRITTEN

FOR OFFICE USE ONLY		<div style="text-align: center;"> State of Vermont Agency of Transportation Department of Motor Vehicles Montpelier, VT 05603-0001 </div> <div style="text-align: center; margin-top: 10px;"> </div> <div style="text-align: center;"> REPORT OF A MOTOR VEHICLE ACCIDENT </div>		FOR OFFICE USE ONLY	
ROUTE CODE				REF. NO.	
COUNTY/TOWN CODE				A.O.T. NO.	
EXACT LOCATION					
NO. OF VEH.	NO. INVOLVED				
NO. OF FATALS	NO. INJ.				

The operator of every motor vehicle involved in an accident which results in injury or death or total property damage of \$1000.00 or more, must make a report on this form with 72 hours to the above address. **YOU MUST REPORT EVEN IF VEHICLE WAS PARKED.** The failure or refusal of any person to report is punishable by a penalty of up to \$175.00.

TIME OF ACCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DAY OF WEEK	MONTH / DAY / YEAR	PLACE OF ACCIDENT (CITY OR TOWN)	COUNTY OF	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY </div>
ROAD ON WHICH ACCIDENT OCCURED (STREET OR ROUTE NO.)			IF AT AN INTERSECTION, GIVE OTHER STREET OR ROUTE NO.	TYPE OF AREA R = RURAL U = URBAN	
IF ACCIDENT IS NOT AT AN INTERSECTION, GIVE DISTANCE TO NEAREST TOWN LINE, BRIDGE, INTERSECTION, OR OTHER LANDMARK					

IF YOUR (OPERATOR #1) ADDRESS IS DIFFERENT FROM THE ADDRESS ON DEPARTMENT RECORDS AND THIS FORM IS SIGNED BY YOU THIS FORM WILL BE CONSIDERED TO BE A NOTICE OF ADDRESS CHANGE AND YOUR ADDRESS WILL BE CHANGED ON DMV RECORDS.

YOUR VEHICLE - NO. 1				NO. OF OCCUPANTS				OTHER VEHICLE - NO. 2				NO. OF OCCUPANTS																											
OPER. NAME: LAST				FIRST				MIDDLE				OPER. NAME: LAST				FIRST				MIDDLE																			
STREET OR BOX NO.				CITY OR TOWN				STATE				STREET OR BOX NO.				CITY OR TOWN				STATE																			
ZIP CODE				SOCIAL SECURITY NO.				DATE OF BIRTH				AGE				ZIP CODE				SOCIAL SECURITY NO.				DATE OF BIRTH				AGE											
OPERATOR'S LICENSE NO.				CLASS				STATE				DRIVING EXPERIENCE				OPERATOR'S LICENSE NO.				CLASS				STATE				DRIVING EXPERIENCE											
DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL?				<input type="checkbox"/> YES <input type="checkbox"/> NO				WHAT YEAR				FOR OFFICE USE ONLY				MOTORCYCLE C.C.				DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL?				<input type="checkbox"/> YES <input type="checkbox"/> NO				WHAT YEAR				FOR OFFICE USE ONLY				MOTORCYCLE C.C.			
VEHICLE IDENTIFICATION NO.				PLATE NO.				PLATE STATE				VEHICLE IDENTIFICATION NO.				PLATE NO.				PLATE STATE																			
VEHICLE YEAR				VEHICLE MAKE				VEHICLE MODEL				VEHICLE TYPE				VEHICLE YEAR				VEHICLE MAKE				VEHICLE MODEL				VEHICLE TYPE											
TRAILER YEAR				TRAILER MAKE				TRAILER MODEL				TRAILER PLATE NO.				TRAILER YEAR				TRAILER MAKE				TRAILER MODEL				TRAILER PLATE NO.											
APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED												ACTUAL COST OF REPAIRS ESTIMATED SPEED OF VEHICLE DIRECTION VEHICLE TRAVELING (N - E - S - W)				APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED												ACTUAL COST OF REPAIRS ESTIMATED SPEED OF VEHICLE DIRECTION VEHICLE TRAVELING (N - E - S - W)											
VEHICLE OWNER'S NAME												FOR OFFICES USE ONLY				VEHICLE OWNER'S NAME												FOR OFFICES USE ONLY											
VEHICLE OWNER'S ADDRESS												CLASS				VEHICLE OWNER'S ADDRESS												CLASS											
												COMM.																COMM.											
												MAT.																MAT.											

OCCUPANT DATA
THE INFORMATION BELOW IS REQUIRED FOR YOURSELF AND ALL OCCUPANTS IN ALL VEHICLES
(ATTACH ADDITIONAL SHEETS IF THERE IS NOT WNOUGH ROOM BELOW)

OCCUPANT'S NAME AND ADDRESS (USE THE FIRST LINE FOR YOURSELF EVEN IF NOT INJURED)	NATURE AND EXTENT OF INJURY (STATE "NONE" IF NOT INJURED)	NAME OF HOSPITAL INJURED TAKEN TO	THIS INFORMATION IS REQUIRED						FOR OFFICE USE ONLY	
			VEH. NO.	POSITION WITHIN VEHICLE	AGE OF OCC.	MALE OR FEMALE	WAS SEAT BELT OR HARNESS USED	WAS OCC. THROWN FROM VEHICLE		
			1	YOURSELF DRIVER						

WHAT WAS PEDESTRIAN OR BICYCLIST DOING?		PEDESTRIAN OR BICYCLIST NAME		DATE OF BIRTH		AGE		CLOTH		
<input type="checkbox"/> WALKING W/ TRAFFIC <input type="checkbox"/> WALKING AGST. TRAF. <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> CROSSING INTERSECT. <input type="checkbox"/> CROSS. NOT AT INTER. <input type="checkbox"/> PLAYING IN ROAD		<input type="checkbox"/> GETTING ON/OFF VEH. <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> WORKING ON VEH. <input type="checkbox"/> RIDING/PUSHING BIKE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN		STREET ADDRESS OR BOX NO.		CITY OR TOWN		STATE		SEX
FILL IN ONLY IF A PEDESTRIAN OR BICYCLIST WAS INVOLVED		DESCRIBE INJURY		TYPE OF CLOTHING <input type="checkbox"/> BRIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK						0 0 0

DO NOT DETACH FORM SR-21A VERMONT	(Operator # 1) Must Complete Both Sections Below In Full If you Fail To Give Full Information Below, It Will Be Assumed That You Do Not Have Automobile Liability Insurance And A Suspension Of Your License/Privilege To Operate In Vermont Will Be Issued.	A.O.T. NO.
Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 bodily injury and \$10,000 property damage insurance in effect on the date of the above accident? (You must answer Yes or No)		
Name of the insurance company (NOT AGENT) (For Operator #1)		
Insurance Company mailing address		
Policy number Policy period from ____/____/____ to ____/____/____.		
Name of policyholder Address		
Name of operator at time of accident X Date of acc.		
Is this motor vehicle covered by a certificate of self-insurance? If so, certificate no.....		
DO NOT DETACH FORM SR-21A	VERMONT DEPARTMENT OF MOTOR VEHICLES MONTPELIER VERMONT	A.O.T. NO.
Name of insurance company with whom you are insured for liability or damage to others (For Operator #1) : <div style="text-align: center; font-size: small;">FULL NAME OF INSURANCE COMPANY (NOT AGENT)</div>		
Policy number Policy period from ____/____/____ to ____/____/____.		
Date of accident ____/____/____ at or near Vermont		
Make of your vehicle Year Type VIN Number		
Operator Address		
Owner Address		
Name of policyholder X Signature of operator		

YOUR VEHICLE COLLIDED WITH (First Action)		SURFACE CONDITION	ROAD CHARACTER	ROAD CONDITION (check most serious)	TRAFFIC CONTROL (Highway Only)	MOTORCYCLE INFO ONLY				
						Cycle 1		Cycle 2		Check off (✓) block only if answer is YES
						OP	OP	OP	OP	
<input type="checkbox"/> 1. Pedestrian <input type="checkbox"/> 2. MV in traffic <input type="checkbox"/> 3. MV parked <input type="checkbox"/> 4. RR train <input type="checkbox"/> 5. Pedal cycle <input type="checkbox"/> 6. Wild animal <input type="checkbox"/> 7. Domestic animal <input type="checkbox"/> 8. Snowmobile <input type="checkbox"/> 9. Other movable object <input type="checkbox"/> 10. Overturned <input type="checkbox"/> 11. Other, non-collision		<input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Slushy <input type="checkbox"/> 7. Oily <input type="checkbox"/> 8. Leaves <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not appl.	<input type="checkbox"/> 1. Intersection <input type="checkbox"/> 2. Bridge over <input type="checkbox"/> 3. Underpass <input type="checkbox"/> 4. RR crossing <input type="checkbox"/> 5. Driveway <input type="checkbox"/> 6. Alley <input type="checkbox"/> 7. Ramp off <input type="checkbox"/> 8. Ramp on <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not appl.	<input type="checkbox"/> 1. Pot holes <input type="checkbox"/> 2. Frost heaves <input type="checkbox"/> 3. Snowdrift <input type="checkbox"/> 4. Soft shoulder <input type="checkbox"/> 5. Construc. area <input type="checkbox"/> 6. Flooding <input type="checkbox"/> 7. Ice chunks <input type="checkbox"/> 8. Debris <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not appl.	<input type="checkbox"/> 1. Officer <input type="checkbox"/> 2. Flagperson <input type="checkbox"/> 3. Stop light <input type="checkbox"/> 4. Stop sign <input type="checkbox"/> 5. Caution light <input type="checkbox"/> 6. Yield sign <input type="checkbox"/> 7. Lane markings <input type="checkbox"/> 8. Special signs <input type="checkbox"/> 9. Other type <input type="checkbox"/> 0. No control					<input type="checkbox"/> 1. Wore helmet <input type="checkbox"/> 2. Wore eye protection <input type="checkbox"/> 3. Injured head <input type="checkbox"/> 4. Injured neck <input type="checkbox"/> 5. Injured chest <input type="checkbox"/> 6. Injured back <input type="checkbox"/> 7. Injured arm or leg <input type="checkbox"/> 8. Injured internally <input type="checkbox"/> 9. Other type of injury
<input type="checkbox"/> 12. Guard rail, curb <input type="checkbox"/> 13. Tree <input type="checkbox"/> 14. Pole, sign <input type="checkbox"/> 15. Ledge, boulder <input type="checkbox"/> 16. Other fixed object <input type="checkbox"/> 17. Moped <input type="checkbox"/> 18. Motorcycle <input type="checkbox"/> 00. Unknown	ROAD TYPE <input type="checkbox"/> 1. Blacktop <input type="checkbox"/> 2. Gravel <input type="checkbox"/> 3. Dirt, trail <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown	LIGHT CONDITIONS <input type="checkbox"/> 1. Dawn <input type="checkbox"/> 2. Daylight <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 4. Dark <input type="checkbox"/> 5. Dark—street lights on <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown	ROAD DESIGN <input type="checkbox"/> 1. Up/down hill <input type="checkbox"/> 2. Top of hill <input type="checkbox"/> 3. Bottom of hill <input type="checkbox"/> 4. Level <input type="checkbox"/> 0. Unknown ROAD ALIGNMENT <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Slight curve <input type="checkbox"/> 3. Sharp curve <input type="checkbox"/> 0. Unknown	WEATHER COND. <input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Raining <input type="checkbox"/> 3. Snowing <input type="checkbox"/> 4. Foggy <input type="checkbox"/> 5. Hailing <input type="checkbox"/> 6. Cloudy only <input type="checkbox"/> 7. Sleet <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown	R.R. TRAFFIC COND. <input type="checkbox"/> 1. Officer <input type="checkbox"/> 2. Flagperson <input type="checkbox"/> 3. Gates <input type="checkbox"/> 4. Cross bucks <input type="checkbox"/> 5. Flashing lights <input type="checkbox"/> 6. Stop sign <input type="checkbox"/> 7. Warning sign <input type="checkbox"/> 9. Other type <input type="checkbox"/> 10. No RR Control <input type="checkbox"/> 00. Not appl.	PROPERTY DAMAGE OTHER THAN VEHICLE				
						OWNER'S NAME AND ADDRESS				
						APPROXIMATE REPAIR COSTS \$				

IMPORTANT: YOU MUST FURNISH THE INSURANCE INFORMATION REQUESTED ON OTHER SIDE OF THIS REPORT

Vermont Law Requires that any person involved in an accident which has resulted in bodily injury or death to any person or whereby the motor vehicle then under his control or any other property is damaged in an aggregate amount to the extent of \$1000.00 or more must furnish the Commissioner with satisfactory proof that a standard provisions automobile liability insurance policy was in full force and effect at the time of the accident.

Any person who fails to furnish satisfactory proof that liability insurance was in force at the time of the accident may be required to obtain and furnish proof that Financial Responsibility Insurance has been obtained covering such person in the future operation of any motor vehicle.

DO NOT WRITE BELOW THIS LINE — FOR USE OF INSURANCE COMPANY ONLY

TO INSURANCE COMPANY:

Return this form in 15 days if no policy, or insufficient policy, was in effect as alleged by motorist — If notification is not received within 15 days, it will be assumed the required insurance was in effect at time of accident.

TO COMMISSIONER OF MOTOR VEHICLES, MONTPELIER, VERMONT 05603-0001:

With regard to an insurance policy for the policy holder named on the reverse side hereof, the undersigned insurance company advises you in accordance with the items checked below.

- ☐ 1. No such policy was in effect on the date of the accident.
- ☐ 2. Our policy applies to the owner of the vehicle but does not apply to the operator of the vehicle involved in the accident.
- ☐ 3. Our policy affords limits of liability less than \$25,000/\$50,000 bodily injury and \$10,000 property damage.
(Indicate actual limits under remarks)

REMARKS

NAME OF INSURANCE COMPANY

Date.....

By.....

Authorized Representative